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Notice of Independent Review Decision

September 9, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar spinal cord stimulator

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

American Board of Physical Medicine & Rehabilitation
American Board of Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained a work injury on xx/xx/xx. He was rolling a rack. There was a broken hanger on the floor and he slipped and fell landing on the left side of his body injuring his lower back and left shoulder.

xxxx: On xxxx, magnetic resonance imaging (MRI) of the lumbar spine revealed status post posterior transpedicular fusion L4-L5-S1 bilaterally with posterior laminectomies at L4, L5 with intervening prosthetic disc at L4-L5 and L5-S1 which appeared in good position. L2-L3 demonstrated 9.7x7.5 mm homogenous hypointense T1 and T2 lesion filling the left lateral recess most likely indicative of focal scarring, differential including retained disc fragment. Please consider MRI lumbar spine for further evaluating determine if lesion did enhance. There was bilateral mild neural foraminal narrowing. At L3-L4, there was 3.8 mm posterior subluxation with disc bulge and significant facet hypertrophy causing moderate-to-severe central canal narrowing with bilateral severe neural foraminal narrowing. Further multilevel degenerative changes of the lesser degree as outlined. There was right sacroiliac (SI) bony bridging and mild hyperlordosis.

On xxxx, x-rays of the lumbar spine showed postsurgical changes of the lower lumbar spine without acute abnormality.

On xxxx, evaluated the patient for left shoulder pain, lower back pain and left leg pain. He rated the pain at 10/10 that was interfering his sleep, work and daily routine. He was initially seen. He had history of previous injury to lower back in xxxx and was treated with surgery at L4-L5 and L5-S1. He had history of sleep apnea and anemia. He was utilizing OxyContin, Dilaudid and hyocodone. reviewed the MRI of the lumbar spine and diagnosed lumbar spine sprain/strain with herniated nucleus pulposus (HNP) and radiculitis, left shoulder sprain/strain – rule out internal derangement, myalgia and myositis unspecified and articular dysfunction/biomechanical lesion of lumbar spine. The patient was recommended a trial of physical therapy (PT) and recommended

left shoulder MRI. noted that DME was medically necessary to help reduce pain, reduce use of pain medications, improve functional ability, improve ADL and aid in positive outcomes of intervention. Instructions for home exercise program (HEP) were provided.

xxxx: On xxxx, lumbar CT myelogram revealed asymmetric transitional lumbosacral anatomy with Bertolotil segment termed L5 for the purpose of this examination through this is solidly incorporated into the upper left sacrum. There was solid surgical fusion at L4-L5. There was mild degenerative instability at L3-L4 above the multilevel fusion given minimal retrolisthesis on post myelogram CT and no apparent spondylolisthesis on x-ray. There was moderate-to-severe bilateral foraminal stenosis at L3-L4 as well. There was clumping of nerve roots within the thecal sac at the upper to mid lumbar spine consistent with arachnoiditis.

On xxxx, noted the patient continued with pain rated at 9/10. Lumbar x-rays dated xxxx, revealed solid surgical fusion at L4-S1. There was mild degenerative instability at L3-L4 above the multilevel fusion. There was relatively fixed retrolisthesis at L2-L4. It was noted that the patient had seen neurosurgeon, on xxxx, who stated that the patient was a good candidate for removal of previous hardware followed by complete laminectomy and facectomy. This surgery was approved, but was denied due to compensability issues. reviewed the CT lumbar myelogram and referred him, orthopedic surgeon, for second opinion. The patient was referred to pain management for a possible lumbar epidural steroid injection (ESI) or spinal cord stimulator (SCS). He was recommended continuing HEP and was scheduled for a functional capacity evaluation (FCE) for possible chronic pain management program.

On xxxx, referred the patient for second opinion for pain management. He was continued on HEP and recommended to remain off work.

On xxxx, evaluated the patient for acute severe left-sided L5 motor radiculopathy. There were no signs of neuropathy of the bilateral lower extremities by electrodiagnostic testing. He was utilizing Dilaudid and oxycodone. diagnosed acute severe left-sided L5 motor radiculopathy. UDS was advised.

On xxxx, noted the patient continued with low back pain radiating to both legs. It was noted that he had seen and the report was requested for review. The EMG/NCS was also requested for review. recommended continuing pain management and HEP.

xxxx: On xxxx, evaluated the patient for back/leg pain. He was undergoing PT and taking medications. the pain affected his sleep. Examination of the lumbar spine and sacrum revealed decreased ROM throughout the lumbar spine, moderate spasm and pain with palpation throughout. There was pain with extension at 20 degrees, flexion at 30 degrees and rotation-extension. The diagnoses were back pain/lumbago, radiculopathy/radiculitis, encounter for long-term use of medications and encounter for therapeutic drug monitoring. recommended routine urine drug screening (UDS).

On xxxx, noted that the patient had chronic low back pain and had surgery performed in xxxx. He was taking hydrocodone and reported less pain than prior to surgery. His radicular pain had significantly decreased. He was utilizing Dilaudid, lisinopril and oxybutynin. The patient was given prescription for hydrocodone 10-325 mg.

On xxxx, noted the patient had 5/10 pain with lot of muscle spasm in his upper back. He needed refills for hydrocodone. refilled Zanaflex and hydrocodone/APAP and discussed treatment options.

On xxxx, noted that the patient did not feel Zanaflex was helping and wanted a prescription for Blue Emu and hydrocodone. X-rays of the lumbar spine revealed instrumentation with interbody devices at L4-L5 and L5-S1. The lateral view showed pedicle screws in the posterior aspect of both the vertebral bodies of the L3 and L4. After evaluation and discussion, thought that a trial of SCS would be required. The patient wished to proceed. It was noted that she had exhausted conservative care with no relief. The patient was referred for psychological evaluation. The patient was recommended Lyrica along with compound analgesic cream. UDS was ordered.

On xxxx, a CT of the lumbar spine revealed solid fusion L4 to S1, failed posterolateral fusion L3-L4 with no bridging bone, moderate acquired spinal stenosis L2-L3 and moderate left L3-L4 foraminal narrowing.

On xxxx, saw the patient for ongoing chronic pain. The patient was taking OxyIR and Lyrica. He had completed PT. His medications were discussed. The patient was referred for psychological evaluation for SCS trial. Depo-Medrol and Toradol IM was administered in right buttock. The patient was prescribed Duragesic patch and oxycodone.

On xxxx, performed a psych evaluation and opined that he had no obvious mental conditions that would prevent him from making decisions on his own. He was intellectually capable of understanding and operating the equipment. noted that he was a good candidate for the use of a SCS.

Per a utilization review dated xxxx, the request for DME lumbar SCS trial x2 was denied with the following rationale: *"Guideline criteria have not been met. The claimant is noted with severe low back pain and noted post-laminectomy syndrome and failed fusion at L3-L4. He has tried and failed two surgeries, narcotic pain medications, injections, life style adjustment, and recently PT. There is decreased range of motion, spasms, pain, decreased motor, decreased sensation, and positive straight leg raise. However, the psychological clearance notes he is not a good candidate for this procedure. Therefore this request is not medically reasonable and necessary at this time."*

On xxxxx, saw the patient in follow-up and noted was doing better on Duragesic, oxycodone and Lyrica. The patient was

recommended continuing current treatment regimen as prescribed. A UDS was ordered.

Per a reconsideration review dated xxxxxx, the appeal for DME lumbar SCS trial x2 was denied with the following rationale: *"Regarding the request for SCS trial, ODG notes that criteria includes psychological clearance indicates realistic expectations and clearance for the procedure. This claimant does not have documented psychological clearance for this procedure. The medical necessity is not established. Therefore, the request for the lumbar spinal cord stimulator trial is not medically necessary."*

Per a letter dated xxxxx, noted that the reviewing physician had misread the sentence of the psychologist and pointed that per the psychologist the patient was indeed a good candidate for spinal cord stimulator. This was an interpretation error and needed to be corrected. again requested that the patient be allowed to undergo a SCS trial.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

As indicated above and in previous reviews, the patient has met the criteria for a SCS trial. However, the contention is that the patient did not have psychological clearance. I have reviewed the note dated xxxx. I agree in the interpretation of the note that the patient has psychological clearance for SCS trial. The statement "We see no evidence that xxxx. xxxx would not be a good candidate for use of a Spinal Cord Stimulator." employs a double negative connotation meaning that in fact he is a good candidate. This is supported by the first line of the next paragraph, "This evaluation process has recommended surgical implantation without any further requirements." The medical documentation supports the medical necessity of the health care service.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES